



REQUEST FOR ACCESS TO COURT RECORDS KIRKLAND MUNICIPAL COURT

11515 NE 118th ST, PO Box 678
Kirkland WA 98083-0678
425-587-3160 phone ~ 425-587-3161 fax

1. Please identify the court record(s) you would like to inspect or have copied and indicate which you would prefer:

Defendant's Name _____

Date of Birth _____ Driver's License Number (if known) _____

Citation Number(s) _____

☐ Inspect and then possibly request copies
(Appointment needed to inspect documents)

☐ Obtain copies (see fees below)

2. Items requested (mark all that applies):

☐ CD of Proceedings (\$10.00) Date(s) of hearing(s): _____

☐ Certified Copy of Judgment & Sentence (\$5.00)

☐ Certified Copy of Docket (\$5.00)

☐ Citation (0.15 page)

☐ Other: Please list requested document below

☐ Non-certified Documents (0.15/page)

☐ Certified Documents (\$5.00 per certified document)

3. If your request is for a list of individuals, will the list be used for commercial purposes? ☐ Yes ☐ No

The following information is optional. However, in the event we are unable to provide the records requested while you wait, some of it would be needed to enable us to contact you when your records are ready for inspection or pick up.

4. Name/Agency: _____ Phone number: _____

Mailing address: _____

Email address: _____

For Office Use Only:

Date Received at Court:

Date Released: _____

Total Fees: _____